

N, M, M & O Docket No. _____

NIKAIDO, N MARMELSTEIN, MURRAY & ORAM

Declaration For U.S. Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
(Insert Title) Liquid interferon- β formulations

the specification of which

- (Check one of blocks 1, 2 or 3. See note A on back of this page)
1. ☐ is attached hereto.
 2. ☒ was filed on Sept. 23, 1998 as International PCT Application Serial No. PCT/EP 98/06065 and was amended on Oct. 06, 1999 and Dec. 20, 1999 (if applicable)
 3. ☐ was filed on _____ as U.S. Application Serial No. _____ and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application for which priority is claimed:

(List prior foreign applications. See note B on back of this page)	<u>97 116 562.6</u>	<u>EP</u>	<u>Sept. 23, 1997</u>	Priority Claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(See Note C on back of this page)

☐ See attached list for additional prior foreign applications

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application:

(List prior U.S. Applications or PCT International applications designating the U.S.)	(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
	(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

And I hereby appoint as principal attorneys David T. Nikaido, Reg. No. 22,663; Charles M. Marmelstein, Reg. No. 25,895; George E. Oram, Jr., Reg. No. 27,931; Robert B. Murray, Reg. No. 22,980; Martin S. Postman, Reg. No. 18,570; E. Marcie Emas, Reg. No. 32,131; Michael G. Gilman, Reg. No. 12,114; Douglas H. Goldhush, Reg. No. 33,125; Kevin C. Brown, Reg. No. 32,402; Monica Chin Kitts, Reg. No. 36,105; Sharon N. Klesner, Reg. No. 36,335; and John R. Fuisz, Reg. No. 37,327.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(See Note D on back of this page)

Full name of sole or first inventor Tschöpe Michael
Inventor's signature [Signature]
Residence Birkenstraße 9, 88400 Füssen, Germany

NOTES

- A. 1. For declaration to be filed with original U.S. (Non-PCT) Application Papers, check box 1.
- 2. For declaration to be filed in U.S. National Phase of PCT Application (either with original national phase entry papers or subsequent to expiration of 20 or 30 month term), check box 2, and complete information.
- 3. For declaration to be filed after original U.S. (Non-PCT) Application filing date, check box 3, and complete information.
- B. Please list all non-convention foreign applications relating to the invention (and check block "no"), as well as all convention (priority) applications.
- C. If more than 4 prior foreign applications, please check this box and attach a sheet listing the remaining prior foreign applications.
- D. For the Inventor's "Residence", only the city and state is necessary, however the "Post Office Address" must be an address acceptable by a Post Office for delivery of mail.

2-00
Full name of second joint inventor, if any Siklosi, Thomas
Inventor's signature [Signature] 21/03/00 Date
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3-00
Full name of third joint inventor, if any Schroeder, Peter
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4-00
Full name of fourth joint inventor, if any Hofer, Hans
Inventor's signature [Signature] 21.3.00 Date
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Citizenship German
Post Office Address same as above

Full name of fifth joint inventor, if any _____
Inventor's signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of sixth joint inventor, if any _____
Inventor's signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of seventh joint inventor, if any _____
Inventor's signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of eighth joint inventor, if any _____
Inventor's signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____